

**WEEKLY VISIT REPORT**

Name of Agency: agency

Agency Address:

Date of visit: \_\_\_\_\_ Time in: \_\_\_\_\_ Time out: \_\_\_\_\_

Type of visit: Routine ☐ Other (specify) \_\_\_\_\_

Work effort included the following:

**Technical Assistance Provided:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Bidding Procedures  | <input type="checkbox"/> Outreach/Intake         | <input type="checkbox"/> Material Standards     | <input type="checkbox"/> Production          |
| <input type="checkbox"/> Policy Bulletins    | <input type="checkbox"/> Blower Door             | <input type="checkbox"/> Average Costs          | <input type="checkbox"/> Eligibility         |
| <input type="checkbox"/> File Documentation  | <input type="checkbox"/> Blower Door Diagnostics | <input type="checkbox"/> Health & Safety Issues | <input type="checkbox"/> Energy Audit        |
| <input type="checkbox"/> Heater/Appliance    | <input type="checkbox"/> Leveraging              | <input type="checkbox"/> HESWAP                 | <input type="checkbox"/> Contract Compliance |
| <input type="checkbox"/> Combustion Analysis |  |   | <input type="checkbox"/> Other (speciify)    |

**Findings or General Comments:**

\_\_\_\_\_  
I certify that the information contained in this report is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Weatherization Monitor

I acknowledge receipt of a copy of this report from the Weatherization Monitor.

\_\_\_\_\_  
Weatherization Manager Signature

\_\_\_\_\_  
Date

**Manager**

\_\_\_\_\_  
Weatherization Manager Please Print Name

\_\_\_\_\_  
Signature of Agency Designee in the absence  
of the Weatherization Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designee Please Print Name